

Date: _____

CASE FILE # _____

Dear Neighboring Property Owner:

I have filed an appeal for reconsideration of a decision or order issued by the King County Health Officer. The appeal pertains to the following subject property:

Address of the Subject Property: _____

Parcel Number(s) _____

I am responsible for providing notice regarding the nature of the appeal to all owners of property within three hundred feet (300') of the subject property or the owners of the nearest fifteen properties, whichever is greater. Enclosed are copies of the application face sheet and information describing my appeal.

If you would like to become a party of record for this appeal (i.e. to receive additional communication regarding the appeal and/or comment on the appeal), forward your written correspondence to the address indicated below. Be sure to reference the parcel number, or the address of subject property, or (if known) the case file number.

*King County Sewage Review Committee
Public Health Seattle and King County
Eastgate District Health Center
14350 SE Eastgate Way,
Bellevue, WA 98007*

*Phone (206) 296-4932
Fax: (206) 296-4919*

If you would like to schedule an appointment to review the entire file relative to my appeal, contact the health department at (206) 296-9740.

Sincerely,

Signature of Applicant: _____ Date: _____